

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 91684554	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51	/	
2	/						52	/	
3	/						53	/	
4	/						54	/	
5	/						55		
6	/						56		
7	/						57		
8	/						58	/	
9	4						59	/	
10	2		4				60	/	
11	2		1				61	/	
12	1						62	/	
13	/						63	/	
14	1						64	/	
15	1						65	/	
16	1						66	/	
17	1						67	/	
18	1						68		
19	1	1					69		
20	1		1				70		
21	1		1				71		
22	1						72		
23	3		1				73		
24	1		1				74		
25	1		1				75		
26	1		1				76		
27	1		1				77		
28	2		2				78		
29	2		1				79		
30	2		1				80		
31	2		1				81		
32	2		2				82		
33	2		2				83		
34	2		1				84		
35	2		1				85		
36	2		1				86		
37	2		1				87		
38	2						88		
39	2						89		
40	2						90		
41	2		2				91		
42	2		1				92		
43	2		1				93		
44	1						94		
45	1						95		
46							96		
47							97		
48			2				98		
49			1				99		
50			1				100		
TOTAL IND.	8		6				TOTAL IND.		
TOTAL DEP.	57	↓	49	↓	↓	↓	TOTAL DEP.	↓	↓
TOTAL CLAIMS	65		55				TOTAL CLAIMS		

BEST AVAILABLE COPY